

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>JW</i>	<i>32</i>	<i>10/16</i>
FORMALITY REVIEW	<i>F.A.</i>	<i>(087)</i>	<i>10/08/01</i>
RESPONSE FORMALITY REVIEW	<i>SG</i>	<i>1077</i>	<i>3/20/02</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/16
2	✓	✓	10/16
3	✓	✓	10/16
4	✓	✓	10/16
5	✓	✓	10/16
6	✓	✓	10/16
7	✓	✓	10/16
8	✓	✓	10/16
9	✓	✓	10/16
10	✓	✓	10/16
11	✓	✓	10/16
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48	✓	✓	10/16
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50	✓	✓	10/16

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*227*  
*11/18*  
*875*  
*3/20/02*